

CLAIMS ONLY								Application Number <div style="font-size: 1.5em; font-family: cursive;">16/597025</div>		Filing Date			
								Applicant(s)					
										* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Claims													
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Filing Date

Applicant(s)

\* May be used for additional claims or amendments